PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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	Substitute for Form PTO-875						Application or Docket Number		
	CLAIMS AS FILED - PART I						- FV/103/10		
		(Column 1) (Column 2)		SMALL ENTITY		OR		R THAN ENTITY	
	FOR BASIC FEE (37 CFR 1,16(a))	NUMBER FILED	иймві	ER EXTRA	RATE .	FEE		RATE	FEE
	TOTAL CLAIMS		Τ			32	OR		S
/ /	(37 CFR 1 16(c)) INDEPENDENT CLAIMS	minus 20			X \$=		OR	x s =	
12/01	(37 CFR 1 16(b))	minus 3			X \$=		OR	X \$=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + \$						OR	+ \$=	
	If the difference in column 1 is fess than zero, enter "0" in column 2.				TOTAL	355	OR	TOTAL	
	CLAIN	AS AS AMENDED -	PART II						
		Column 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER	THAN ENTITY
	RI	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
1/21/12	Total (37 CFR 1.16(c))	/ Willius	- A	=	x s=	7	A R	x s =	FEE
1/24/03	Total (37 CFR 1.16(c))	Minus	[3_]	=	x \$=		OR	x s =	
	FIRST PRESENTATION	OF MULTIPLE DEPENDEN	T CLAIM (37 CFF	R 1.16(d))	+ \$=		OR	+ \$_ =	
			• •		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
,	(Co	olumn 1)	(Column 2)	(Column 3)				_	
	RE	CLAIMS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATĖ	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR T.16(e))	/ Minus •	20			FEE			FEE
12001	Z Independent • (37 CFR 1.16(b))	/ Minus •	"(2	= \	X \$	$\overline{}$	OR	X-\$=	
STOT	\(\S\)	OF MULTIPLE DEPENDENT	CLAIM (37 CER	1.16(cm)	X \$='	$ \bigcirc$ A	ØR	X S =	
			(0, 0, 1)	1.10(0))	+ \$ = TOTAL	/	OR	+s = TOTAL	
	(Co	lumn 1)	(Column 2)	(Column 3)	ADD'L FEE		OR .	ADD'L FEE	
	REI		HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total -	NDMENT Minus **	PAID FOR	=		FEE			FEE
	Тotal (37 CFR 1.16(с)) Z Independent (37 CFR 1.16(b))	Minus **		=	X \$=		OR:	X: \$	<u> </u>
	Σ				X \$=		OR	x \$=	
	FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM (37 CFR	1.16(d))	+ \$ = TOTAL		OR	+ s =	
		1 is less than the enter in	column 2	'0" in astrono	ADD'L FEE		OR	TOTAL ADD'L FEE	
· · · · · · · · · · · · · · · · · · ·	"If the Highest Number	r Previously Paid For "IN Previously Paid For" IN	s than the entry in column 2, write "0" in column 3. busly Paid For" IN THIS SPACE is less than 20, enter "20", usly Paid For" IN THIS SPACE is less than 3, enter "3".						
4	This collection of information is required by 37 CER 1.15. The information is required to abbit appropriate box in column 1.								
	including gathering, preparing, on the amount of time you required	and submitting the comp	pleted application	of form to the US	PTO. Time will var	ollection is esti y depending up	mated to on the in	take 12 minutes: dividual case, An	to complete, y comments
	and Trademark Office, U.S. Do ADDRESS. SEND TO: Comm					OT SEND FEE	S OR CC	MPLETED FOR	AS TO THIS

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